



**INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS**

**Reynoldsburg City Schools**

|                                                                                   |  |
|-----------------------------------------------------------------------------------|--|
| <b>Date</b><br><i>Form must be received in school office<br/>by April 1, 2025</i> |  |
| <b>Current School Name</b>                                                        |  |
| <b>Student Name</b>                                                               |  |
| <b>Student Grade Level Next Year</b>                                              |  |
| <b>Parent/Guardian Name</b>                                                       |  |
| <b>Home Address</b>                                                               |  |
| <b>Parent Phone Number</b>                                                        |  |
| <b>Parent Email Address</b>                                                       |  |
| <b>Student Phone Number</b>                                                       |  |
| <b>Student Email Address</b>                                                      |  |

**DECLARATION OF INTENT**

I would like to declare my intent to participate in the College Credit Plus program. I understand that signing this form does not require that I participate during the upcoming school year, and I may decide not to participate without consequence.

I also understand that it is my responsibility to notify my school if I do not gain admission to my selected institution of higher education or choose not to participate in the program.

In addition, I certify that I have received counseling about the College Credit Plus program concerning the rules and regulations for both my school and the college, and that I understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus program.

Please sign and return this form to your current school by **April 1, 2025**.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_